

NOTICE TO ASSESSOR **
HCD 433 (B) 4/86

THIS FORM MUST BE COMPLETED BY THE OWNER OF A MANUFACTURED HOME MOBILEHOME OR COMMERCIAL COACH AND FORWARDED TO THE COUNTY ASSESSOR UPON COMPLETION OF THE INSTALLATION OF THE UNIT ON A FOUNDATION SYSTEM PURSUANT TO SECTION 18551 HEALTH AND SAFETY CODE.

ORIGINAL PURCHASE PRICE FOR:

1. The Basic Unit	\$ _____	Type of Exterior Wall Covering: _____ (Metal, Wood, etc.)
2. Optional Equipment & Upgrades	\$ _____	Type of Roof Covering: _____ (Metal, Wood, Composition, etc.)
3. Subtotal	\$ _____	Heating Type: <input type="checkbox"/> Forced Air <input type="checkbox"/> Floor or Wall
		Air Conditioning: <input type="checkbox"/> Yes <input type="checkbox"/> No Tons _____
4. Accessories & Accessory Structures	\$ _____	Evaporative Cooler: <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Other (Specify) _____	\$ _____	Built-in Cooktop: <input type="checkbox"/> Yes <input type="checkbox"/> No
		Built-in Oven: <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Delivery & Installation	\$ _____	Built-in Dishwasher: <input type="checkbox"/> Yes <input type="checkbox"/> No
7. TOTAL SALES PRICE	\$ _____	Built-in Wet-Bar: <input type="checkbox"/> Yes <input type="checkbox"/> No
		Refrigerator: <input type="checkbox"/> Yes <input type="checkbox"/> No

DOES THE BASIC PRICE INCLUDED:

The Tow bar(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Roof Overhang (Eaves): <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Inches
Tires & Wheels	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Furniture Included: <input type="checkbox"/> Yes <input type="checkbox"/> No Value \$ _____
Wheel hubs & Axels	<input type="checkbox"/> Yes	<input type="checkbox"/> No	(LENGTH x WIDTH)
			Carport: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ x _____
			Awning: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ x _____
			Porch: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ x _____
			Garage: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ x _____
			Storage Shed: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ x _____
			Skirting: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Lineal Feet

LIST NUMBER OF ROOMS:

Bedrooms	_____	Dining Room	_____
Baths	_____	Family Room	_____
Kitchen	_____	Utility Room	_____
Living Room	_____	Other Rooms	_____

The sales price as shown does not include any amount for any in-place location.

The Assessor's Parcel number of the installation site is _____

(Signature)

Address

Telephone

** This form is to be used when installing the unit on a permanent foundation system.